

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|---|-----------------------------------|---|---------------------------------|
| 1 Date of Request: <u>6/22/04</u> | | 2 Serial/Patent # <u>09338035</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| Filing | | | \$ |
| Amendment | | | \$ |
| <u>1253</u> | Extension of Time | <u>9</u> | <u>4/15/03</u> \$ <u>930920</u> |
| | Notice of Appeal/Appeal | | \$ |
| | Petition | | \$ |
| | Issue | | \$ |
| | Cert of Correction/Terminal Disc. | | \$ |
| | Maintenance | | \$ |
| | Assignment | | \$ |
| | Other | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND \$ <u>930920</u> | |
| | | 8 TO BE REFUNDED BY: | |
| 10 REASON: | | Treasury Check | |
| Overpayment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | |
| Duplicate Payment | | 9 <u>50--0540</u> | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | | | |
| <u>EOT FILED AFTER EXTENDABLE PD</u> | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>D. Wood</u> | | TITLE: <u>SR ATTY</u> | |
| SIGNATURE: <u>DOUGLAS WOOD</u> | | PHONE: <u>3086918</u> | |
| OFFICE: <u>OP</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>6/25/04</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B